Paper March 24th. 1826

An
Inaugural Dissertation
on
Pneumonia biliosa.
by
Alexander. M^c. Fennent. A.B.
of Virginia.

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An Essay,
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Pneumonia biliosa.—

In compliance with a long established and necessary requisition of this School, I offer with diffidence, the following imperfect observations on Pneumonia biliosa. It is a disease, obscure and intricate in its nature, alarming in its progress, and one which too often ends its course in death, even when judiciously and promptly treated.

In selecting as the subject of this Dissertation, a malady confessedly formidable and occult, the vain expectation of improving its treatment by suggestions of my own, has not been my inducement; for Authors who have shone conspicuous for professional superiority, have long suffered it to pass with little observation, and by many it has been wholly disregarded—

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But my incentive in the selection, was the knowledge, that the subject stood in need of illustration, and that it might be divested of much of its intricacy and difficulty; even by a description of the most striking Characteristics of the disease, as it prevails in different parts of our extensive Country; by giving something of systematic arrangement to the whole subject; together with an enumeration of the most important remedies advised by others as best suited to the indications, and a proper explanation of their Modus Operandi in removing the Complaint.

I reflected moreover, that although my inexperience would prevent my making Contributions towards the cure; I should be enabled to accomplish the chief object of the Essay, by describing the disease as it prevails in that section of Virginia in which I reside; and where opportunities of observation, have enabled me

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to give a more accurate delineation of its features, together with a more correct view of its causes, symptoms, and cure. —

When speaking of the treatment of this disease, I shall find it necessary to refer to the practice of others; and although their opinions may be opposite and discordant, and their modes of practice very different; the course deduced from them may notwithstanding be correct, in as-much, as I shall present such plan of treatment alone, as appears most consonant with sound reasoning and a knowledge of the human System, And of all the remedies derived from them, offer such only, as the most prominent indications seem to require, and such as are not incompatible with the pathognomonic symptoms of the disease. —

The Essay which I am about to offer will I doubt not be found deficient; but I hope it will be,

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be more as regards the manner in which it is written, than the remarks which it contains.— And that it will be remembered by the learned Individual under whose examination it must pass, that it is offered in conformity to a law of the University; and that the observations even of a Tyro in the Medic Art.— (though roughly written) if correctly made, are not always unimportant.— Since a correct knowledge of diseases like the present, occult, undefined, and complex in their nature, can only be acquired by consulting the contributions of many.—

Of all the species of symptomatic, pneumonia, bilious pleurisy, though by no means the least dangerous, has been most neglected by the literati of the profession. And indeed the few accounts given of it by Practitioners, are so discrepant and indistinct, that they tend rather to obscure, than elucidate the subject.—

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This contrariety of opinions, has originated from various causes. From other diseases having been mistaken by physicians, for Pneumonia biliosa, on account of their meeting with symptoms in some other complaint, which they deemed characteristic of this. Thus many have termed every case of pleurisy where the sputa were thin and yellow, bilious pleurisy. Different and opposite opinions with respect to the proper treatment of this complaint, have arisen from erroneous impressions formed concerning its pathology. These pathological errors have been taken up concerning pneumonia biliosa; from the various appearances which it has assumed when under the influence of different seasons or situations, and when diversified, by difference of climate and degree of temperature. Thus in cold climates, the inflammatory diathesis is most apt to prevail, and the pleuritic

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symptoms to predominate over the hepatic... Whereas in Countries which are hot and better suited to the production of miasmatic exhalations, the bilious symptoms commonly hold the ascendency, and the disease assumes more of the typhoid appearance. - In illustration of this, the disease in the southern States of our own Country, almost always wears the typhoid type, and is never so inflammatory as it is known to the North.

This disease we see then, is subject to the modification of a variety of causes, and it is in the manner mentioned, that such discrepancy of opinion, has originated concerning it.- Physicians remaining in the dark respecting its pathology, have accordingly bestowed on it improper appellations, which are generally more expressive of its prevailing type in different climates, or parts of a Country, than of its real character.

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character.— Thus many have denominated it Pneumonia Typhoides, where the typhoid symptoms were prevalent, believing, that the general affection of the system was always that of typhus fever, which in some cases was attended with inflammation of the viscera, and in others, of the Brain, or other parts of the body. In the southern States, where it is usually attended by violent pain in the head, it is termed by the Vulgar, pleurisy in the head. It has also been called by various other names, such as, typhus peripneumonia, Malignant Pleurisy, bilious Epidemic fever and many others, all of which have had no other tendency, than to involve the subject in greater obscurity and doubt.—

It is in this way that we are enabled to account (perhaps correctly) for a fact which would otherwise appear almost inexplicable.— viz That a highly dangerous disease, should have existed

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coeval with the first settlements of our Country, and should even now, in this enlightened age, claim, with unrestrained and destructive power, its unnumbered victims in a Land, on which the Sun of Medical Science shines with peculiar brightness; and where its benignant rays, are fast dispelling from our glorious Art, the Clouds which Ignorance, Empiricism, and Superstition have thrown around it.---

Pathological remarks] The fact is well known to Physicians, that any irritating cause, which generally deranges the stomach and bowels, will [illegible] in many cases occasion pain in some part [illegible] side. The pain is frequently met with in a slight degree, and unattended by cough or fever, so as scarcely to attract attention. In some instances however, the irritation has proved sufficient to produce all the symptoms of Pneumonia. In confirmation of this, cases might be

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Cited from Authors where well marked Symptoms of Pleurisy were induced, by the presence of Worms or other irritating matter in the Stomach and intestines. In what manner the symptomatic affection of the pleura is brought on by the irritation of the Stomach and bowels, seems difficult to determine, unless it be accounted for, by that intimate sympathetic connexion which subsists between the Stomach, and all the most important organs of the system. But it is certain that this erratic pain, which we have no reason to believe proceeds from inflammation, at an early period of the disease, is occasioned by the irritation of the primæ viæ, as is clearly demonstrated by the fact, that remedies directed to the removal of the offending and irritated matter from the stomach and bowels, seldom fail to effect a cure, if taken in the commencement.

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whilst those directed to the pain itself, as an idiopathic affection are never known to effect the object of their exhibition.—

Now when this pain in the side, is the effect of irritation of the prima via caused by Bile, it constitutes the compound disease of which we are speaking; the most appropriate name for which, appears to be Pneumonia biliosa, and is therefore, the only one which I shall retain.—

Causes] — That the same cause which operates in producing bilious fevers, (viz marsh effluvia) is principally concerned in the production of Pneumonia biliosa, appears evidently from these facts.— 1st That this disease is most prevalent in situations, (if not entirely confined to them) which are suited to the production of marsh miasmata— For instance, in places which are flat and swampy, (such as the low lands on the river courses) and on that account, subject

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to the influence of miasma, when the heat of the sun becomes sufficient to cause its evolution, the Inhabitants are annually afflicted with bilious fevers. It is in such situations, that Pneumonia biliosa is known to make its ravages, when the weather becomes sufficiently cold, or its changes sufficiently sudden, to induce the pleuritic symptoms. And in such situations, when there has been but little sickness during the fall, (Unless a greater number have acquired a predisposition, without having the disease excited) the ensuing winter disease is seldom even sporadic, and never epidemic. It is known too, that persons of a bilious diathesis, who are most liable to attacks of fall fever, are most obnoxious to pneumonia biliosa. — Moreover, persons who have suffered from the prevailing fever of the fall, and have been perfectly cured, by copious evacuations of Bile,

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are seldom attacked by the subsequent winter disease, – whereas individuals who have wanted proper evacuations, but have notwithstanding recovered, with a remaining febricula, or lurking predisposition to disease are of, all others, most frequently attacked by bilious pleurisy –

It may appear somewhat unaccountable to many, that this bilious tendency which was contracted in the fall, and has been stated above to be the remote cause of the winter disease, should not during the autumnal months terminate in bilious fever. And that after the cold weather has put an end to the unwholesome condition of the atmosphere, it should still remain so long in the System, without displaying its effects. – Without entering into further explanation, it need only be said, that many persons are known, from their unhealthy aspect, occasional loss of appetite, headache, slight pains in different parts –

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parts of the body &c, to wear with them throughout the fall a constant tendency to disease without having fever excited, and that the unhealthy condition induced in the Chylopoietic viscera does continue the same, notwithstanding the cold weather. It is certain then that this morbid condition of the system, constituting a predisposition to disease, may, during the autumnal and even winter months, remain in the system unperceived; where, like a secret and insidious foe, it lurks in deceitful quietude, till an exciting cause increases it to deadly, and destructive action.

At what time it prevails

Having seen the manner in which the disease takes place in the system, it may be well to advert to the time of its greatest prevalence. From what has been said concerning the remote and exciting causes, it appears almost a necessary consequence that it should prevail, whenever the weather becomes sufficiently cold,

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cold to produce pneumonic affections. Sporadic cases make their appearance sometimes in the latter part of the fall; but it is not until cold weather sets in, that it becomes generally prevalent. Any effect produced on the the System, by a cause operating suddenly, is much greater, than from one, gradually applied. Hence it is, that the disease is more universally felt, when the changes are sudden, than when the weather is uniformly and intensely cold. And the cases which occur when the air is not affected by such changes, may in most instances be attributed rather to sudden exposure, than to its low degree of temperature. When the fall fever has been epidemic, or the succeeding winter subject to frequent vicissitudes, we may expect the disease to be very prevalent. But it is when both cooperate that it displays itself in all its

its violence, and does the work of death with epidemic fury.— As the disease is brought on more by sudden vicissitudes than, low temperature, it follows, that it must be most prevalent in the early part of the spring, unlss the winter has been affected by frequent changes—.

In what situations it prevails] After what has been said concerning the effect of marsh effluvia, and the nature of this disease, I need scarcely state that it must be chiefly prevalent in situations suited to their production.— And in the vicinity of such places; for marsh miasma is known to spread itself to a considerable distance from the place of its production.— It is on this account that persons residing in situations which are considered healthy, but in the immediate neighbourhood of flat grounds, are during the winter seldom affected with Pneumonia vera, they either contract a bilious predisposition in the

unhealthy places, or the effluvium is in a degree wafted to them.

After stating that the disease prevails in situations exposed to the effects of miasmata, it is unnecessary to multiply examples. But this part of the subject, leads me to speak of the medical topography of the Country in which I reside, and to make a few remarks relevant to Bilious Pleurisy, as it is known with us. —

The town of Port Royal is situated on the south side of the Rappahanock river, in an extensive plain, of the most fertile soil and luxuriant growth. — This plain extends at the back of the town to the distance of a mile, where it meets with a range of hills which stretching nearly in a semicircular direction, with river, nearly encompass the plain below. — On either side of the town there is a creek, which arising

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from the surrounding hills, and widening in their course finally meet the river at the distance of half a mile from the town. — One of these creeks was formerly, completely covered by trees and undergrowth, and the town was at that time resorted to as a healthy situation. — But some years ago one of our most enterprising and enlightened agriculturists, cleared the trees which covered the creek and its marshes, from the sun, with a view to drain its bed. This was successfully done, for a considerable extent, by running two dams across, to prevent the influx of tide from the river, enclosing thus a large body of water which was rendered stagnant. — From this description it is plain to every one acquainted with the pathology of bilious fevers, that no country could be better calculated to produce them, and accordingly, ever since the exposure of the creek

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and its marshy beds the town and its immediate neighbourhood, have suffered annually from fevers of a most violent, and intractable nature. After a fall when disease has been almost universally disseminated, (as is now frequently the case,) a large number of the Inhabitants must remain predisposed; and therefore liable to Pneumonia biliosa when the cold weather commences. And as the weather here is very liable to sudden vicissitudes during the winter and spring months, the number affected with this disease is often very considerable.

Who are most liable to its attacks

As a general statement, it may be said that the persons most liable to its attacks, are such as from neglect, or inability to procure assistance, have not been properly cured of the fall fever; and such as from the nature of their avocations are most exposed to the exciting causes. Of these, old persons are not

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so liable to the affection, from having become acclimated to the country, and habituated to its diseases. Children are not much exposed to the exciting causes, and even if they were, it is known, that the gradual developement of their organs, renders them less susceptible of morbid impressions. It is in men of strong and plethoric habit, and in strangers, who have been exposed to our autumnal diseases, that the complaint is found in its greatest violence.

Diagnostic Symptoms] Although Pneumonia biliosa may be found to exist in almost every grade of action, between typhus fever and a high synocha, yet the Diagnosis is not so difficult as might be supposed. It may generally be accurately distinguished from other cases of symptomatic Pneumonia, with which there is most danger of confounding it, by consid-

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-ering attentively the various symptoms which indicate the presence of bile in the prima via, and by ascertaining that the patient has been formerly subject to bilious affections. The pleuritic symptoms in high and bleak situations, and in negroes, it is true, some-times predominate in a very great degree over the hepatic, so as much to resemble Pneumonia vera,- But it may be distinguished from this, by these appearances. The tongue in pneumonia biliosa although sometimes while at the commencement, is almost in every case, even in the incipient stage tinged with yellow, which inclines to deeper hues as the disease progresses, whereas in pneumo-nia vera it is white.- The bilious pneumonia on account of the disordered state of the stomach, is uniformly marked by violent head ach, nausea, loss of appetite, sweats

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of the epigastrium, with pains in different parts of the body as in bilious fever. And these symptoms are known not to characterize pneumonia vera. – In pneumonia vera the fever is a high synocha, – In bilious pleurisy it most commonly assumes the remittent form, with exacerbations and remissions – And the urine in this complaint is deeply coloured with bile – When the bilious symptoms are most prominent, this disease is readily distinguished from a bilious remittent, to which it bears some resemblance, by considering the exciting cause, the season at which it occurs, and the presence of pain in the side, with dyspnea and cough –

[Prognostic symptoms] Should the attack be mild and slow in its approach; the headach slight; respiration free, with early expectoration, and slight pain in the side, we may expect the disease,

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disease to yield readily to proper evacuations. But when it comes on suddenly, and with violence, as is sometimes the case, the attack having having been preceded by vitiated taste, nausea, shivering, and soreness of the right hypochondriac region, extending up the side to the shoulder. And succeeding there, violent head-ach, & thirst, great pain of the side, with dyspnoea and cough, difficult or late expectoration and restlessness, the event must be considered extremely doubtful, but even such cases have been known to yield to proper treatment. —

Treatment] The general plan of treatment here should be a combination of that suited to the bilious symptoms, and the treatment of the local pleuritic affection. I shall speak first of Bloodletting, because when indicated, it is the first remedy which should be ap-
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-plied, in most instances, as it facilitates, or renders safe the operation of the most important subsequent remedies. And although it has not been considered the principal dependence in this complaint, it is certainly in most cases, an indispensible auxiliary; and is therefore equally entitled to the first place in our consideration. Moreover it requires the most judicious management, and is therefore more frequently, improperly used than any other remedy.

It is not surprising that such difference of opinion concerning the use of this remedy, should prevail among practitioners, when we reflect, that in different climates seasons and situations the liability of the pulmonary organs to take on inflammation will be different — and we know that the sooner the inflammatory symptoms supervene, the earlier should blood be drawn, and

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the more effectual is the remedy.- By consulting different Authors it may be found that this disagreement has always existed, concerning the propriety of venesection in bilious fevers.- Cullerier in speaking of it says, "that such was the rapid progress of these mortal diseases, that if any of them survived the seventh day, it seemed entirely owing to Bleeding",- and that after having tried many other plans of treatment, he found that copious bloodletting and proper evacuations were the most effectual remedies. Others have asserted, that it was improper only at the commencement, Probably, because they bled before there was inflammation. Again it is stated in the Edinburgh medical, says, that in this disease which frequently occurred in Fife." when bloodletting was omitted or used very sparingly, and emetics were given early, and afterwards repeated with reprie-

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-sewants, lapatives, and expectorants the patients generally recovered.— Such opinions can not be reconciled, without supposing some difference in the prevailing nature of the disease. — That bleeding, when practised very early in this complaint — should in many cases fail to afford relief is not to be wondered at — for we have reason to believe that many draw blood before there is really inflammation — Since the bilious symptoms make their appearance, accompanied by a sympathetic pain in the side, in some cases a considerable time before there is real inflammation. The proper time for bleeding is whenever the pulse indicates the actual existence of inflammation, by its tense and hard beat, and the sooner it is done then, the better.

The disease here is commonly not as inflammatory as it is found in some of the northern (and)

and eastern states, and partakes more strongly of the bilious diathesis. Hence it is, that bleeding is often carried too far and the system becomes prostrated, and unable to bear the evacuations necessary for the removal of the offending and retained matter, from the stomach and bowels. It is for this reason that the blood should be drawn as soon as possible after inflammation is induced, and even then, it should be slowly, and cautiously taken. The quantity should be regulated by the effect on the pulse, remembering, that the remedy is hazardous, after it becomes soft and weak. And the practitioner will also be directed in his judgment, by his knowledge of the extent to which the biliary organs are involved; for when much is to be effected by evacuations from the alimentary canal, it would certainly be improper to detract too largely from the circulation—

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The pulse in this disease it is true, is very variable and affords perhaps less useful indications than in many others. It has been said "Qui in pleura, aut pulmonum inflammationibus, minimi numeri fuerunt decipiuntur." But although it may be a worse criterion in this disease than in most others, it still appears to me, to be the best we have, at least as far as regards letting blood, or letting it alone.

It may be stated generally that the disease admits of but little bleeding in this climate; frequently of not more than one. But in some few cases it assumes the most violent inflammatory appearance, and then it becomes necessary to detract more freely from the circulation. When the patient's strength becomes so far exhausted as to forbid the further use of general bleeding; the chief reliance for the reduction of the inflammation is to be

be placed on topical depletion, and blisters.— The depletion may be performed by cupping or leeches. Many have erroneously contended that it does not diminish the "vis a tergo", but even if this were true, it certainly lessens the congestion of the heart, and thus affords great relief.— Blisters have always been used in this affection, but they do not afford as much relief as in bronchitic cases.

Appearances of the Blood.] The blood drawn in bilious pleurisy assumes various appearances as the disease progresses. It is here generally florid at the commencement, and the buffy coat becomes very much cupped.— Hughes states that he found often a pale yellow crust, with serum of the same complexion; and the same appearances are frequently to be observed with us. But the changes are very frequent, and I do not know that the prog-

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-nosis - is much assisted by them. When the disease is very far advanced however, there is sometimes no separation between the cranamen-tum and brain, and then there is commonly no hope of a recovery. —

Emetics] After venesection, if it has been necessary, the next remedy applied should be an emetic if nothing contraindicates its use. The violent pains in the head need not be regarded in its administration, as it does not proceed from plethora, but from the disordered state of the stomach, as is known, from the sudden relief which is experienced after the operation. —

No one acquainted with the pathology of this complaint, and the modus operandi of Emetics, can deny that they perform if not the most important office in the cure, at least one which is indispensable.

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In the first place, they evacuate the stomach of its noxious content, and prepare the way for cathartics, and when we consider the danger of a retention of vitiated or offensive matter in an organ of such extensive influence, this effect must be esteemed of great value.

By their effects on the stomach a relaxation of the extreme vessels is brought about, whereby perspiration is induced, which in this disease, is a result very desirable, and highly salutary. Professor Chapman, after speaking of the very intimate connexion which subsists between the stomach and head, and the great utility of emetics in treating affections of the latter, says; "Nor perhaps, have they a less striking affinity to the pulmonary organs. As soon as vomiting takes place, we may remark a copious flow of saliva, and a discharge more or less from the bronchia, which, when-

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vomiting is induced, becomes considerably augmented". In this way expectoration is promoted by them, and an indication of high importance fulfilled. Such effects are sufficient to convince us that emetics are of the greatest utility in the treatment of serious pleurisy and accordingly there are many cases said to have been cured by their sole employment. They may be given as early as possible, unless fullness of the vessels, or other contraindications forbid. Bleeding should in such cases be premised. It seldom happens here, that emetics may not be given in the commencement, and even frequently repeated during the complaint; but there are some few cases, in which the high state of action in the lungs and liver, seems to forbid their use. When a full dose is contraindicated a good effect may be derived from small

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-cretions administered so as not to excite vomi-
-iting. I treated a case this spring, when the patient who was a strong labourer, had been neglected for some time before I saw him. The pain in the side was violent. I cautiously drew about sex ℔ of blood, the cup of which he bore badly; and the heart appeared so much enfeebled in its action, as to demand stimu-
-lants. I placed the chief reliance on small portions of tartar emetic, in combination with Calomel and Camphor. This aided by aperients, expectorants, and the local treatment of the side, afforded him relief and he recovered in a short time. — The appearances of the bile vomited in this disease, are much the same as in bilious fevers.

[Cathartics] When arterial action has been reduced by bleeding, and the prima via cleared by an emetic, the next remedy which would be most (naturally)

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naturally be suggested is a cathartic; and undoubt-
-edly, no remedy can be more strongly indicated.
In making a proper selection; it should be
remembered, that the condition of the alimen-
-tary canal is much the same as in bilious
fevers. Doctor Cooke of Virginia states, that
the treatment necessary to recovery, shewed
that the disease was the same with that
which prevailed in the summer, with
the addition of the pleuritic symptoms;
And that he always found purging as
necessary as it was before cold weather.
and the evacuations of the same colour
and consistence. — As the morbid con-
-dition of the hepatic apparatus, causes a
vitiated secretion which must be made to
assume a natural appearance before a cure
be accomplished; it is evident, that the
most important article of this class is Calomel,
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must be given, either alone or in combination, until this effect is produced. The neutral Salts and Jalap, so useful in pneumonia vera, seldom answer a good purpose here, except in the more inflammatory cases. The depletion they produce from the bowels increases the debility, and exhaustion, which are almost always prominent features in this Malady. Indeed there are many cases where there is so great a prostration of the vis Vitæ, that stimulants seem to be required from the beginning, almost to the exclusion of depletory measures. In such cases stow purging, by Calomel in broken doses, is productive of an admirable effect. In some cases where the typhoid symptoms were alarming, I have known the camphorated Julep to be given from the commencement, and although the pleuritic affection was distressing, no harm was found to result from its use. —

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Obstinate constipation sometimes occurs in this disease, it may be removed by cathartics, aided by enemata containing about ℥ss of Oleum Ricini. In very obstinate cases we should resort to Calomel, with a view to its alterative effects. Mercurial friction should be used, to assist the accomplishment of the same object.

Anodynes]. The only preparation of this kind, which can be used with propriety in pneumonia biliosa, is the pulvis Doveri, which may be given with good effect, in the dose of twelve or fifteen grains, when there is much restlessness or cough at night. In most cases it is best to unite with it a small portion of Calomel.

As an expectorant, a combination of the Oxymel Scillæ, Sp: nitri dulcificat: and mucilage of G. arabic, answers remarkably well, and is perhaps as good as any other preparation. It should be taken pro re nata

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during the complaint. When the patient is convalescent, Serpentaria combined with bark is well suited to his Condition. It keeps up a gentle and salutary action on the skin and extreme vessels, and acts as a wholesome stimulant, to an exhausted System.

I have now given the best description in my power of the leading characteristics, and treatment of bilious pleurisy. Briefly, because the limits of this essay do not admit of wider expatiation. Conscious of its imperfections, and anxious to be corrected when I have erred, I submit it to the consideration of Individuals engaged in the direction of the sublimest study of the human mind; whose lessons their pupils must ever remember with delight, and whose names, afflicted mankind shall recite, with admiration and gratitude.